



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E391179**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-00093
LOCAL AGENCY CODING	
TOTAL # OF UNITS	04
OBJECT STRUCK	

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	01	-	10	-	2015			1610	31		0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

STATE ROUTE 9 BLOCK NO. ☐ MILE POST ☐

DISTANCE 200 00 MILES ☐ N ☒ E ☐ S ☒ W OF (REFERENCE OR CROSS STREET) 20TH SREET SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
LAST NAME	YAO	FIRST NAME	DAVID	MIDDLE INITIAL	J

STREET NEW ADDRESS ☐ 16020 LARCH WAY

CITY LYNNWOOD ST WA ZIP 980872640

CDL	RESTRICTIONS	B	ENDORSEMENTS						
DRIVER'S LICENSE #	YAO**DJ032BJ	STATE	WA	SEX	M	D.O.B.	01	11	1997

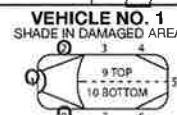
ON DUTY <input type="checkbox"/>	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AFN3113	STATE	WA	VIN#	2HNYD182X4H556427
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2004	MAKE	ACUR	MODEL	MDX	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4011298751	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
LAST NAME	NOGGLE	FIRST NAME	MELISSA	MIDDLE INITIAL	D	

STREET NEW ADDRESS ☐ 10724 167TH AVE SE

CITY SNOHOMISH ST WA ZIP 982908826

CDL	RESTRICTIONS	B	ENDORSEMENTS						
DRIVER'S LICENSE #	NOGGLMD079PP	STATE	WA	SEX	F	D.O.B.	10	17	1993

ON DUTY <input type="checkbox"/>	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ABR9616	STATE	WA	VIN#	1NXBU40E79Z148342
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2009	MAKE	TOYO	MODEL	COROLL	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 1585369D2947	VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E391179

CASE #

15-00093

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

WOODY GAVIN S

ADDRESS & PHONE #

13717 248TH AVE SE MONROE WA 982727274

SEX

M

D.O.B.
MMDDYYYY

01

02

2000

PASSENGER ☒

WITNESS ☐

UNIT #

3

SEAT
POS.

3

AIRBAG

2

RESTR.

9

EJECT

1

HELMET
USE

1

INJURY
CLASS

1

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

TRIBOU ALYSE C

ADDRESS & PHONE #

16805 123RD PL NE ARLINGTON WA 982239420

SEX

F

D.O.B.
MMDDYYYY

07

24

2014

PASSENGER ☒

WITNESS ☐

UNIT #

4

SEAT
POS.

9

AIRBAG

2

RESTR.

5

EJECT

1

HELMET
USE

1

INJURY
CLASS

1

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

I responded to a vehicle collision with possible injury (evaluation) to an infant at 20th Street SE. Upon arrival, I found a four car rear end collision. I spoke to the driver of vehicle 1 who stated that he was adjusting his radio and looked up and traffic had stopped. Driver 1 said that he was unable to stop and collided with the rear of vehicle two which was then pushed into vehicle three and vehicle three was then pushed into vehicle 4. Vehicles 2,3,4 had stopped for a red signal and backed up traffic at S/B 9 at 20th Street SE. None of the driver's or passengers were transported by the aid crew. The driver of vehicle 3 complained of very minor neck pain. Vehicle 2 required a private impound due to damage.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

01-11-15 07:53 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

SGT. C. VALVICK 71

1/11/2015 3:20:14 PM

BADGE OR ID #

130

ORI #

WA0311900

TIME POLICE DISPATCHED

4:13 PM

TIME POLICE ARRIVED

4:19 PM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E391179**

CASE # **15-00093**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☒

PHONE

LAST NAME

WOODY

FIRST NAME

WENDY

MIDDLE INITIAL

J

STREET NEW ADDRESS

13717 248TH AVE SE

CITY

MONROE

ST

WA

ZIP

982727274

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S LICENSE #

WOODYWJ282KL

STATE

WA

SEX

F

D.O.B. MMDDYYYY

05

-

13

-

1972

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

9

EJECT

1

HELMET USE

INJURY CLASS

7

NATURE OF INJURIES
POSSIBLE NECK PAIN

LICENSE PLATE #

AJT5068

STATE

WA

VIN#

WVGBV7AX9CW575922

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2012

MAKE

VOLK

MODEL

TIGUAN

STYLE

UT

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT ☒

INSURANCE CO & POLICY # **PROGRESSIVE 71687387**

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

4

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☒

PHONE

LAST NAME

TRIBOU

FIRST NAME

CHRISTOPHER

MIDDLE INITIAL

W

STREET NEW ADDRESS

16805 123RD PL NE

CITY

ARLINGTON

ST

WA

ZIP

982239420

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S LICENSE #

TRIBOCW134MF

STATE

WA

SEX

M

D.O.B. MMDDYYYY

07

-

06

-

1987

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

5

EJECT

1

HELMET USE

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

AQH3028

STATE

WA

VIN#

JF1GPAG60E8249035

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2014

MAKE

SUBA

MODEL

IMPREZ

STYLE

SW

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT ☒

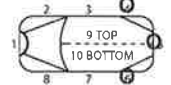
INSURANCE CO & POLICY # **PROGRESSIVE 71102902**

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

01-11-15 07:53 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

130

ORI #

WA0311900

APPROVED BY
VALVICK

DATE

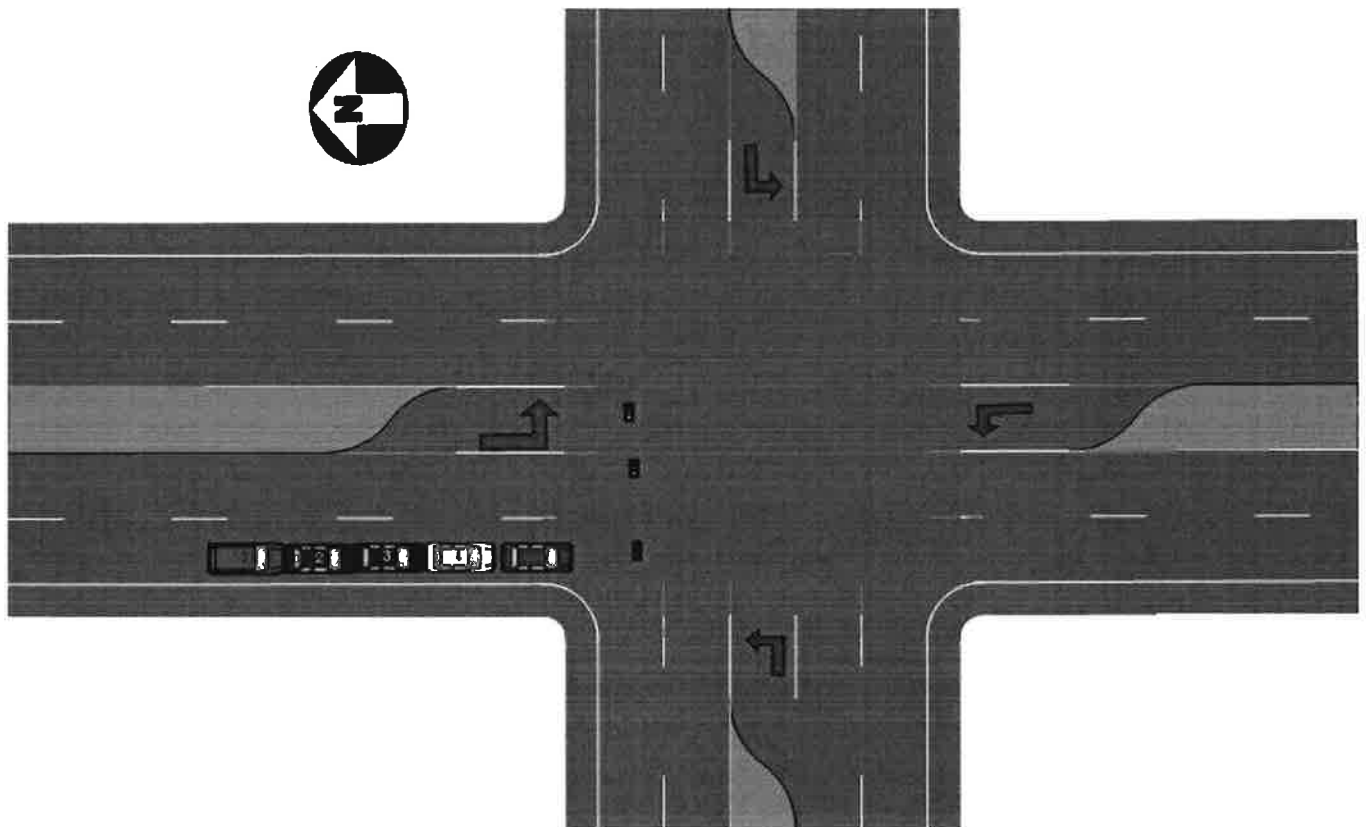
1/11/2015

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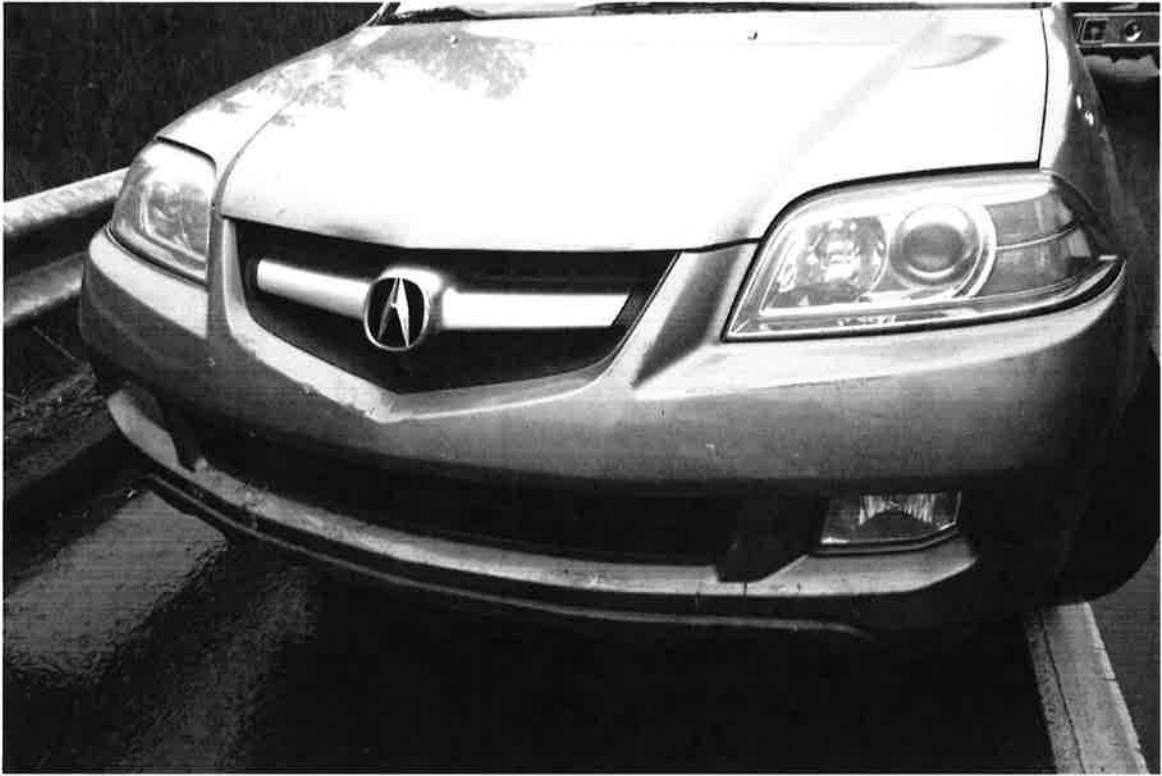
OF

4



















LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>Det. H. 130</i>				Case Number <i>15-00093</i>			
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>				Type of Case: <i>Collision</i>				Date/Time: <i>1-15-14</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING				*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification							

Case #

Item # Action #	1	Item <i>CP</i> Brand/Model/Caliber Brand Name <i>Compaq</i> (Further Description) <i>130</i>	Storage Location	Disposition
	3	Serial # Where Found Weight of Narcotic		
	Owner's Name Address City State Zip Phone # Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions				
Item # Action #		Item Brand/Model/Caliber Brand Name (Further Description)	Storage Location	Disposition
		Serial # Where Found Weight of Narcotic		
	Owner's Name Address City State Zip Phone # Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions				
Item # Action #		Item Brand/Model/Caliber Brand Name (Further Description)	Storage Location	Disposition
		Serial # Where Found Weight of Narcotic		
	Owner's Name Address City State Zip Phone # Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions				
Item # Action #		Item Brand/Model/Caliber Brand Name (Further Description)	Storage Location	Disposition
		Serial # Where Found Weight of Narcotic		
	Owner's Name Address City State Zip Phone # Barcode goes here			
Owner Signature/Other remarks /additional information/ special instructions				

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS15000576 Xref: #AG15000096

Case Numbers: \$SS15000093

Entered 01/10/15 16:12:03 BY SPDF24 SP0279

Dispatched 01/10/15 16:13:24 BY SPSC40 SP0380

Enroute 01/10/15 16:13:24

Onscene 01/10/15 16:19:45

Closed 01/10/15 17:06:20

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-3 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/SR 9 SE , LKS (V)

Loc Info: SB

Name: KNOGGLE MELISSA

Addr: CEL

Phone: 4252932052

/1612 (SP0279) ENTRY , 2 VEH REAR ENDER, REQ EVAL OF CHILD, POSS BLOCK
ING
/1613 (SP0380) DISPER 19D3 #SS130 RUTHERFORD, OFCR (RICH)
/1617 (SP0181) SUPP LOCI: AT THE LIGHT,
NAM: KNOGGLE MELISSA,
ADR: CEL,
PHO: 4252932052,
TXT: CC. NON INJ NON BLKING RP IN BLU TOYT VS BR
O SUV AND BLK PC
/1618 (SP0380) MISC 19D3 , CUTTING CODE
/1619 CROSS #AG15000096
/1619 (*****) REMINQ 19D3 AJT5068
/1619 (SP0380) REMINQ 19D3 LIC, 19D3, AJT5068, , ,
/1619 ONSCNE 19D3
/1620 MISC 19D3 , 4 VEHS RIGHT SIDE LANE BLKED BY FIRE3
/1620 (*****) REMINQ 19D3 AQH3028
/1620 (SP0380) REMINQ 19D3 LIC, 19D3, AQH3028, , ,
/1621 (*****) REMINQ 19D3 AJT5068
/1621 (SP0380) REMINQ 19D3 LIC, 19D3, AJT5068, , ,
/1621 (*****) REMINQ 19D3 ABR9616
/1621 (SP0380) REMINQ 19D3 LIC, 19D3, ABR9616, , ,
/1621 (*****) REMINQ 19D3 AFN3113
/1621 (SP0380) REMINQ 19D3 LIC, 19D3, AFN3113, , ,
/1621 ASSTER 19D2 [20 ST SE/SR 9 SE , LKS]
#SS127 ADAMS, OFFICER (NATHAN)
/1624 (SS127) *ONSCNE 19D2
/1638 (SP0368) CLEAR 19D2
/1647 ASNCAS 19D3 \$SS15000093
/1658 ROTREQ 19D3 TOW 5061 LKS SKY VAL SNO
3605636090 , OWNER REQ
/1658 MISC 19D3 , TOW FOR BLU SUBA W/EXTENSIVE REAR END DAMAGE
/1659 MISC 19D3 , SKY VALLEY TOW ER
/1706 CLEAR 19D3 D/H
/1706 CLOSE 19D3